

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000048179

1. Entity Name
KENDALL XTRA STORAGE, LLC



Principal Place of Business

2 S BISCAYNE BLVD
#1742
MIAMI, FL 33131

Mailing Address

2 S BISCAYNE BLVD
#1742
MIAMI, FL 33131

FILED
Feb 07, 2008 08:00 AM
Secretary of State



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2503349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ENGELS, MARTIN
100 SE 2ND STREET #2150
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YARUS, GARY J 2 S BISCAYNE BLVD #1742 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUKENIK, BILL J 18020 SOUTH WOODLAND ROAD SHAKER HEIGHTS, OH 44120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINGARDEN, RONALD 9860 SOUTHWEST 130 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINGARDEN, LOIS 9861 SOUTHWEST 122 STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000819883
02/18/08-80006-004 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/31/08

305 371-2722